

Clinical leadership is acknowledged as a cornerstone for the development of healthcare practice (Johns, 2003) with successful change of clinical culture dependent upon successful leadership. However for many years there has been much criticism of the nursing leadership literature as being poorly developed (Antrobus, 1997), with few systematic pieces of work exploring nurse leadership (Cook, 2001) and many papers being anecdotal and opinion led. Such an apparent lack of appreciation of the importance of developing a more in-depth understanding of nursing leadership should be an issue of concern given the changes in the health care agenda in recent times. *Making a Difference* (DH, 1999) identified the development of leadership in nursing as a crucial component in forging the new framework for nursing in the modern NHS (Large *et al.*, 2005). A sentiment echoed in *The NHS Plan* (DH, 2000) which sets out clear agenda for nurse leadership. Cook (2001) argues that nursing leadership is undergoing a renaissance where the opportunity and momentum exists to prepare future clinical leaders in nursing. However, without a firm empirical base from which to practise such opportunities will be missed and momentum will surely wane. This empirical research project is intended to provide new theoretical insights into effective leadership and facilitation of sustainable change.

The study is given strategic focus by employing a theoretical framework (the 'Senses Framework') to explore the concept of leadership (Nolan *et al.*, 2002). Central to the 'Senses Framework' is the belief that an understanding of the dynamics of care requires a detailed exploration of the complex set of interdependent relationships that characterise health care environments. As a result of this prior work the characteristics of 'enriched' and 'impoverished' environments of care and learning have been identified, together with a theoretical framework that helps to explain the dynamics of such environments. It is suggested that enriched care environments are characterised by a number of senses (security, belonging, continuity, purpose, achievement and significance) relevant to all key groups, that is staff, patients and carers. Therefore if staff are to 'create' the senses for patients and carers they need to experience them as well. Conversely, if staff feel insecure, experience a lack of continuity and get no sense of purpose, achievement and significance from their work then their ability to give good care is severely compromised. This study seeks to clarify the leadership styles which create enriched environments, and through the use of the 'Senses Framework' illustrate the leadership behaviours that produce good care. Furthermore, it will draw comparisons between practice development units (which are designed to promote good care outcomes by consolidating multidisciplinary team working) and non-practice development units. In this way it can be determined whether enriched environments can be created through a programme of structured change, such as practice development unit accreditation.

The research adopts a longitudinal case study approach to gain a rich picture of the evolution and impact of leadership in the context of service reconfiguration. The case study design involves intensive exploration of two non-practice development units and two practice development units in a large rural NHS trust in the north of England, and will explore macro, mesa and micro level factors influencing leadership. The longitudinal data collected at three points in time, over the course of a year, across the four units will allow for both unique and shared insights to emerge that demonstrate links both within and between cases. Detailed investigation of individual wards/units over a period of time will also highlight any barriers and facilitators to the change process. The data collection has been designed to take place over four weeks during each of the three visits. This allows for on-going reflection and discussion of issues emerging during the data collection. Data will be collected through a series of in-depth, semi-structured interviews with ward managers and their junior nursing staff. Senior nurses at trust and directorate level, will also be interviewed to explore cultural orientations held at senior levels and how these are articulated, managed and received within their units. The findings will then be compared to related literature from the fields of psychology and management, providing a contemporary analysis of nursing leadership and change management within the NHS in the twenty-first century.